


03916 U.S. PRO
10/663746
09/17/03

Basic Fee							\$375/750	=	\$750.00
Total Claims	7	-	20	=	0	x	\$9/18	=	\$
Independent Claims	3	-	3	=	0	x	\$42/84	=	\$
Multiple Dependent Claim Presented							\$140/280	=	\$
Total Filing Fee									\$750.00

A check in the amount of \$750.00 for the filing fee is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-1323 (Docket #056208.52774US). A duplicate copy of this sheet is enclosed.

Respectfully submitted,



James F. McKeown
Reg. No. 25,406

JFM/acd